

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/579/45

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2						
3						
4						
5						
6						
7						
8						
9						
10	1					
11						
12						
13	1					
14						
15						
16						
17						
18						
19						
20						
21	1					
22						
23						
24						
25						
26	1					
27						
28						
29						
30	1					
31						
32						
33						
34						
35						
36						
37						
38						
39	1					
40						
41						
42						
43						
44						
45						
46						
47						
48	1					
49						
50						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51			1			
52						
53						
54						
55			1			
56						
57						
58						
59			1			
60						
61			1			
62						
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94						
95						
96						
97						
98						
99						
100						
TOTAL IND.		↓	13	↓		↓
TOTAL DEP.		←	48	←		←
TOTAL CLAIMS			61			